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66309-182

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	PATENT
Marco MUSARAGNO	)	ART UNIT: 3727
Serial No.: 10/648,803	)	EXAMINER: James N. SMALLEY
Filed: August 27, 2003	)	CUSTOMER NO.: 25269
STOPPER FOR BOTTLING WINES	)	CONFIRMATION NO.: 3939
	)	<b>VIA FACSIMILE: 571-273-8300</b>

\* \* \* \* \*

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

August 8, 2005

Sir:

In response to the Office Action of May 6, 2005, please amend this application as follows:

**Amendments** to the **Claims** begin on page 2.

**Remarks** begin on page 6.

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<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>					Docket No. <b>66309-182</b>	
Applicant(s): <b>Marco MUSARAGNO</b>						
Application No. <b>10/648,803</b>	Filing Date <b>August 27, 2003</b>	Examiner <b>James N. SMALLEY</b>	Customer No. <b>25269</b>	Group Art Unit <b>3727</b>	Confirmation No. <b>3939</b>	
Invention: <b>STOPPER FOR BOTTLING WINES</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	16 -	20 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	5 -	3 =	2	x \$100.00	\$200.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$200.00</b>	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <b>04-2223</b> in the amount of <b>\$200.00</b> <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>04-2223</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
Signature  <b>John P. DeLuca</b> Registration No. 25,585			Dated: <b>August 8, 2005</b>  I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence			
CC:						

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